

SPF/SIG Executive Committee Meeting
Draft Minutes
October 24th, 2006
Indiana Government Center Room A
1 pm to 3 pm

Attendance: Jason Hutchens/Vice Chair, Jeff Barber, John Viernes, Eric Wright, Kim Manlove, David Bozell, Sonya Cleveland, Jeanette Grissom, Carolyn Waller, Bob Levy, Martha Payne, Laura Coykendall Rachel Friend, and Marcia French

Welcome and Introductions

Vice chair Jason Hutchens welcomed everyone. Carolyn Waller was introduced as the new representative of the Indiana State Department of Health replacing Sue Uhl.

Staff and Budgeting Update

John Viernes, DMHA Deputy Director, gave an update on the budget. He announced \$20,000 had been spent for program administration. This was the first billing from IU for the SEOW work. The dollars came out of last years allocations.

John also announced the Fairbanks contract was still under evaluation. Once approved and signed by all parties a third staff member will be added to the SPF SIG staff as administrative assistant. This will allow Kim Manlove and Marcia French more flexibility in the field work that will be required once the sub-recipients are identified.

The Center for Health Policies Studies produced the first edition of the Indiana State Epidemiological Profile at a cost of \$5,000 per 100 copies. . DMHA is arranging for the second printing of 200 copies and will add the FSSA and the IU logo to the cover.

Review of Minutes of 7/26/2006

Vice Chair Hutchens determined the absence of a quorum, consequently approval of the minutes was deferred until the December meeting. Additions and corrections to the minutes were noted.

A suggestion was offered to distribute proxy forms electronically to the Advisory Council and Executive Committee membership prior to each meeting to address the attendance issues and facilitate the establishment of quorums at all future meetings.

Workgroup Updates

Evaluation: Bob Levy presented a draft of the evaluation survey instrument that will be administered at the conclusion of all SPF/SIG workgroup, Advisory Council and Executive Committee meetings. A number of enhancements to the document were discussed and the Executive Committee gave its full endorsement of the survey. Final approval of the document was tabled until the December meeting when a quorum is present.

A description of the evaluation process for SPF/SIG meetings followed and a suggestion was made that sealed envelopes be used to allow for more anonymity. Survey results will be reviewed by the evaluation committee and provided to the chair and executive committee for review. Bob made it clear that the purpose of this evaluation is for internal use to improve the processes and efficiency of meetings and the project. The data produced by this document will be used as part of the overall evaluation of the Project.

Carolyn Waller mentioned that The Department of Health had just completed a survey for the legislature of substance abuse among pregnant women. Eric Wright requested a copy of the data for inclusion in 2007 edition of the State Epidemiological Profile.

John informed the committee that the DMHA external website also was a strong source of data on substance abuse and prevention.

Draft Strategic Plan Discussion

The Evaluation Workgroup raised a number of issues regarding the Strategic Plan discussion that occurred during the Governors Advisory Council meeting on September 26th.

Challenges noted included:

- The physical layout of the meeting room makes productive discussion difficult.
- Sidebar conversations between members are distracting.
- Insufficient communication prior to meetings regarding agenda items, goals and objectives.
- A lack of understanding by Council members of the Project Structure and their role in decision making

Suggestions included:

- A new room arrangement with only Council members or their proxy seated at tables in a smaller closed square. Staff members would be seated outside of the square or in a gallery setting and would refrain from giving input unless directed by the Chair.

- The Chair will be asking for introductions and will remind Council and staff members of their roles and the ground rules for discussion prior to all meeting.
- Enhance attendance of voting Council members or their proxy through an RSVP verification and confirmation process.
- Utilize a facilitator in Council discussions on action items who is not a voting or staff member to ensure full participation. Eric Wright has offered to serve in this role.
- Distribute meeting agendas, documents, goals and objectives at least one week prior to each Council meeting.

Kim Manlove reported on the results of a three day SPF/SIG conference held near Washington DC hosted by CSAP. He and several Project Staff attended along with their counterparts from 24 states and two territories. He indicated that it was apparent the Indiana SPF/SIG Project is ahead or on a par with all the other states regardless whether they were in cohorts One or Two. He also pointed out that CSAP and SAMHSA's oversight of SPF/SIG programs is still evolving and they are continuing to evaluate and make changes to the program as a result of the experiences with states. Kim expressed his confidence in the consensus building we have experienced to date and that the suggestions at both the recent Advisory Council and today's Executive Committee meeting will allow us to continue the momentum as we move forward with this project.

A question was raised as to whether the SAMHSA and CSAP felt we were moving too fast. Kim responded that both agencies seem to be very pleased with the progress and work that has been completed thus far in Indiana and the next decision point for Indiana will be when we receive their response to our Strategic Plan draft.

Eric Wright pointed out that it is certainly possible that in their response, CSAP may direct us to narrow the number of priorities from six to one. However the general feeling we brought back from CSAP was that we are on track. They were also extremely impressed with Indiana's State Epidemiologic Profile and it is anticipated that other states may use our report as a model. Additionally, no other state has considered the concept of co-morbidity and then offered prospective grantees the option to pick one or more priorities.

Other issues discussed were the lengthening of capacity building to a 2-year grant opposed to just one year, the importance of successful grantees placing more emphasis on building infrastructure and capacity rather than the implementation focus. Kim noted that Indiana had a leg up on most other states because of the existence of the LCC infrastructure.

Kim also indicated that an introduction and table of contents is also going to be added to the strategic plan for increased clarity and ease in using the document when it is distributed to local stakeholders.

Some discussion and clarity was sought with regards to the line of statutory authority of both DMHA and CJI in supporting the coordination of substance prevention.

A question was raised as to whether it was necessary to do an RFP or look into the possibility of using a grant review process to allocate funds. Kim Manlove volunteered to contact DOA and seek their advice and counsel. It was noted that the grant process would save time in getting monies allocated to communities.

The topic of the decision making roles of the Advisory Council and Executive Committee were discussed at length. The recommendation was to defer to the Council By-Laws in such matters. The By-Laws state that *the Advisory Council shall have the following purposes:*

1. *Provide ongoing advice and guidance to the State of Indiana's Strategic Prevention Framework State Incentive Grant Project through the Project Director and Project Coordinator.*
2. *Create, as appropriate, work groups to monitor progress and to help accomplish the following work of the Project with regard to the required steps of the Strategic Prevention Framework:*
 - a. *Profile population needs, resources, and readiness to address the problems and gaps in prevention.*
 - b. *Mobilize and/or build capacity to address needs.*
 - c. *Develop a comprehensive strategic plan.*
 - d. *Implement evidence-based prevention programs and infrastructure development activities.*
 - e. *Monitor process, evaluate effectiveness, sustain effective programs/activities, and replace those that fail.*
3. *Facilitate and monitor the progress of the Work Groups, including the State Epidemiological Outcomes Workgroup. Review for adoption recommendations from the Work Groups.*
4. *Promote interagency collaboration for the development and implementation of prevention services and programs.*
5. *Provide, through its Chair or designated representative, the Prevention Subcommittee of the Addictions Planning Council and the DMHA Advisory Council with at least annual updates of the SPF SIG progress.*
6. *Provide the Office of the Governor with at least quarterly updates of the SPF/SIG progress.*

The Executive Committee:

The SPF/SIG Advisory Council shall have an “Executive Committee” that shall meet at least one (1) time in-between meetings of the SPF/SIG Advisory Council. It shall act at least in the following ways on behalf of the SPF/SIG Advisory Council regarding its obligations under the SPF/SIG: attend to staffing needs and administrative matters, break any voting ties of the SPF/SIG Committee, or take any other action as designated by the SPF/SIG Advisory Council. The SPF/SIG Executive Committee shall be chaired by the Chair and shall include the Vice-chair. The SPF/SIG Executive Committee shall also include representatives of the following state agencies and shall appear at meetings of the SPF/SIG Executive Committee at the request of the Chair: ICJI, DMHA, DEA, SAMHSA, SEOW, DOE, ISDH, the Office of the Governor, and the Governor’s Commission for Drug Free Indiana. Members of the SPF/SIG Executive Committee shall serve until the expiration of the SPF/SIG Term, voluntary resignation, or removal by the Chair. Members of the SPF/SIG Executive Committee shall abstain from any vote or decision in which they know or should know that they have a business or personal conflict.

As to voting on issues and conflicts of Interest, Section 4 – Voting states:

Each Member of the Council shall have one (1) vote. A Member may designate an individual to serve as a proxy in the event a Member knows he or she will be absent from a meeting in which a vote is taking place (“Proxy”). The proxy designation must be submitted to the Chair in writing on a form to be provided by the Chair before a formal call to order of a designated meeting. A Proxy will be allowed to exercise voting privileges for the Member who they are representing. A Proxy will not be permitted to exercise a Member’s voting privileges when Members are required to participate in grant reviews or voting on grant determinations. Members and Proxies shall abstain from any vote in which they know or should know that they have a business or personal conflict. Only Members or Proxies may vote in connection with activities of the SPF/SIG Advisory Council, the SPF/SIG Executive Committee, or any workgroup or committee designated in Article VII.

Training and Outreach Workgroup will meet on October 31st and will report at the next meeting. A suggestion has been offered to split the workgroup into two groups one training and the other outreach.

Agenda Items for 9/26/2006 Advisory Council

- ❖ Review process and role of the Governor’s Commission.
- ❖ RFP vs. Grant Review Process
- ❖ Organizational Chart
- ❖ Discussion on each agencies responsibilities
- ❖ Parking Lot Concept

- ❖ SPF SIG funding-identifying the 'bigger picture' with potential capacity and sustainability with coordinating government agencies
- ❖ Evaluation Survey
- ❖ State-wide vs. Regional Entity initiative

Announcements

Next GAC meeting to be on November 21st at 1-4 in Conf. Ctr. Rm C

Next Executive meeting is on Dec. 19th from 1-4 in Conf. Ctr. Rm 19

Adjournment

Minutes submitted by Marcia French and Kim Manlove